

## **Primary Health Care Forum – Burin**

### **Question 1: What does acceptable access to primary health care services look like to you?**

- I came to Burin 50 years ago and I could see a doctor anytime I wanted back then, but now that I need one I can't ever get in.
- The Doctors here are really overloaded
- The workload is too high for doctors; they don't have enough time to see you when you are sick or to spend much time with you when you get in to see them.
- Access to services has been good. You can get into see a doctor.
- Hard to find information for the public health nurses. Where can you find them? Where can you find other public services that are not a doctor? These are not well advertised.
- We have very high doctor turn over. They do not stay long at all.
- It is a major issue for people when their doctor leaves and they can't find another one.
- When another doctor leaves or retires then many people have to travel way too far, it is often too much for elderly people to have to travel over an hour to see a doctor.
- We need more doctors in rural areas.
- When one doctor leaves in a place like Burin it causes problems in St. Lawrence and Marystown. They have enough doctors, but not enough to share with another town without adding to the waitlist.
- Two doctors have retired here in the last year alone.
- Patients are getting older and needing more care, but doctors are getting older too.
- We have a rapidly aging population.
- We need help from towns to recruit doctors. Local government should be involved in making it as attractive as possible for doctors to come here.
- Recruiting physicians needs to be a team approach. The provincial government gives signing bonuses and towns need to be looking out for the health of their people too.
- We need local solutions.
- Shortages in one town just creep into another town, we need to work together to fix these issues not just town against town.
- The average wait time to see a physician is 2-3 weeks.
- In St. Lawrence most for the patients come from outside of town. Now many people are forced to use the emergency department for basic care. The wait in emergency is anywhere from 2-7 hours.
- We are asking too much of our doctors, they get burnt out and don't want to stay.
- Health care is all about money. All diseases can be cured easily and it is proven. You do not need drugs there are simple things people can do.
- There is too much focus on drugs as the only way to treat people.

- Health Canada has too much control over what can be used to treat people and they are too connected to the drug companies.
- Difference between availability of services and accessibility.
- How much do you get?
- Occupational therapy for example must go to St. John's.
- Need more service providers. Mostly get care only in crisis, can't be preventative/proactive.
- If you want help, you might not be able to get it (i.e., mental health and addictions).
- One counsellor for each school, for example.
- Access to a family Dr. is a problem. Need to go to an Emergency Room for basic care, which has an impact all around the system.
- Even if you have a Family Dr., wait times are an issue. You can't wait two weeks for an appointment for a sick child.
- Access in the area is critical. Otherwise, travel times takes a toll on a person's schedule.
- System seems to be based just on numbers. System should consider needs better.
- People who are here are spread very thin and end up taking on additional roles to fill gaps.
- Understood that you may have to travel for certain specialist services, but the front line should be accessible where you are.
- By focusing on crisis management, system loses opportunities to proactively address problems before they get to that point.

**Question 2: What kind of supports/ services do you need to help you stay healthy?**

- Very individual choice to stay healthy. Communities have added lots of parks and recreational space, but people need to make the choice.
- A lot of it comes down to individual choice.
- Communities have been doing a lot better at adding good physical infrastructure.
- There are a lot of things that people can do for themselves.
- People need to start to take personal responsibility for their own health.
- Nutrition is extremely important.
- The support groups and healthy aging groups are important. Provide support and help people share information.
- Addictions and mental health services are really crucial.
- In our regions addictions have grown a lot.
- The stats show huge growth in people living with addictions.
- Mental health and addictions are linked. You cannot separate the two.
- We do not have good mental health support so now a lot of people are self-medicating.
- It is far too hard to get treatment for addictions and access to mental health services is also very difficult. Takes almost a year to a psychiatrist.

- We need more public social workers, physiotherapists, psychologists and other AHCPs. Right now unless you have money or insurance you can't see these providers.
- We need better access to cognitive therapy – not just drugs as a quick fix.
- We need more public psychologists and mental health workers.
- There are really really long wait times for mental health services.
- The cost of fresh food products is way too high for a lot of people to afford.
- People need support to eat well.
- There are healthy and affordable options, but people need some help in figuring out how to eat well on a budget.
- Someone's level of literacy plays a significant role in self-care.
- We need more support for people to stay home as they age.
- There is not enough homecare support.
- Education and health need to be tied together. Government has to get education people to work with health people.
- Fitness is lacking. Kids don't play outside anymore they are too busy playing computer games.
- There is too much technology for young people. Kids are not playing organized sports and they are not going out and playing unorganized sports anymore because everyone is too fearful to let their kids out alone.
- Kid used to be outside playing all afternoon, but now there is too much fear.
- Active kids turn into active members of society.
- More organized physical activities are needed. They do not need to be sports.
- Schools are overcrowded and children are no longer getting gym class every day. Physical activity in schools needs to be daily. Doesn't have to be gym class but something organized by the school.
- Self-managed care program works very well, but it is not funded very well. It needs more funding to take on all the people who want to take the classes.
  - There are not enough trained facilitators and not enough opportunities to train new facilitators.
  - The program costs almost nothing to run and should really be expanded.
  - Right now there is more money spent on pamphlets and signs than on running the program and training the facilitators.
- Family doctors do not know about or know to refer to the self-managed care program. Some doctors don't want you to go because they do not know what it is or what they are going to tell you
- Family resource centre.

- Promotion of physical activity. Not enough in the schools, especially in High School. Don't have to have gym class, it could be integrated in other ways (eg., between classes)
- House league sports after school or at lunch.
- New community centre will help in Marystown. But need the programs, especially for youth, to make it work.
- Need people to promote programs (i.e., wellness coordinator).
- Coordination within the system is important. There seems to be a lack of communication between providers. Limited in capacity to coordinate as well, because of limitations re sharing of information.
- Huge gap in services once you are past treatment for cancer. There is nothing for cancer patients and you usually have to figure it out yourself. GPs just don't know, and often suggest behaviours that may be problematic. For example, no education on lifestyle factors that could contribute to recurrence (e.g., diet, exercise...).
- Supports need to be through the course of life. Having them stop at certain ages is quite problematic. Autism services are cut-off at a certain age.
- General community support services are an important resource. Targeted programs provide more support than just what they are aimed at.
- Community Youth Network (St. Lawrence) is a strong prototype.
- Guidance Counsellor ratios should be 1 for 250.

**Question 3: What do you think needs to change in primary health care? In what ways does primary health care work well for you?**

- Each hospital should have a dietitian, psychologist, and physiotherapist who are publicly paid and there to treat people in the community – not just treat people in the hospital.
- We need more nurse practitioners.
- We should be training local nurses to be nurse practitioners at MUN and then getting them to come back.
- If we trained local nurses they might actually come back and stay as nurse practitioners because they are already from here and already have a life here.
- It can't be that hard to train a few nurses. It won't cost very much and they can do most of what the family doctor does.
- We need to use nurse practitioners more if they can do a lot of the things we go to a family doctor for.
- We need more GPs.
- We need good doctors who will stay here.
- It would be really convenient for people if the medical clinics were open in the evenings and on weekends. It can be hard for people to get time off during the day.

- We should be looking at mobile clinics that could travel around the whole province or even just around eastern health.
- Mobile clinics could even have things like CT scanners built on to them. They do this in the US.
- CT scanners and other invasive technology is not the answer it won't help make people any healthier and it could hurt them. We just need good basic access to primary health care. Back to basics.
- More prevention is key. We need to stop people from ever getting really sick.
- 24/7 service should be everywhere it should only exist where it is needed. Money could be spent more wisely.
- Salaried doctors are a problem because they see way to few patients. It is great if you can get in, but they do not see enough people during the day so there are really long wait times to see them.
- Salaried doctors see too low a volume of patients and there are too many sick people for the to be slow.
- People need supports to take care of themselves. Simple supports to stay healthy.
- We need good health education.
- There should be more self-help opportunities.
- We need to better communicate the programs that are out there.
- Nothing is coordinated. You have to find everything on your own.
- There is no one spot where you can find all the services you need.
- You should be referred to the services that are out there, but that you do not know about. If there are existing services it should be easier to get them.
- The system is all in pieces. Some free, some private, but you don't know how to get what you need.
- There is a cure to heart disease. It cures 100% of the time and it was first discovered in 1976. People just don't know about it. There are all kinds of simple cures to health problems.
- People need to do research on easy cures to everything. The information is out there.
- We need a space where everything is under one roof. We good have different providers and supports all in one place.
- We need a collaborative model of care delivery.
- Doctors and AHCPS need to work together, they need to share information and they need to know what each other is doing for you.
- We need to look at adopting the patients' medical home. It is working in other provinces and in the US.
- Our doctors are still over worked.

- We need to have better awareness of the things you can do to make yourself healthier and to keep healthy.
- Our x-ray and laboratory services here in Burin work very well. It is a great resource for the community.
- We have the infrastructure and equipment we need.
- If people can pay for it I am not opposed to them having to pay for care.
- Works well in crisis. When you need treatment, it works.
- More focus on prevention with a concentration on lifestyle factors.
- Guidance counsellor in every school, even if only part-time.
- Reducing the stigma around mental health is working well. We can have open conversations now.
- The program is outstanding. Has done a nice job of creating awareness.
- Healthy eating is critical. How do you promote good food choices? Quality is weak in rural areas. Plus, the cost associated with healthy choices is prohibitive.
- Resources to offer programs to children to support health living choices going forward. We seem to be going backwards, with the same number of students, for example, but fewer resources (e.g., cuts in Instructional Resource Teachers).
- There is a disconnect between the health and education sectors. Students come with diagnoses from the health fields that need to be accommodated in the schools, but the knowledge, awareness, training and resources necessary to help aren't always there.

**Question 4: Is there anything else you would like to add to today's discussions on primary health care?**

- Demographics are something we need to be concerned about. We are not a sustainable population. We don't have enough young people to follow us.
- In Burin we are on the verge of a health crisis due to our aging population.
- The population is aging all across NL and we need to look at that seriously.
- The physician population is also aging.
- The Departments of Health, Education and Seniors need to work together. They need to work on programs together. Services need to be coordinated not all broken apart based on who is in charge.
- We need health and education to work on getting kids active and focused on wellness before it is too late.
- Obesity is huge issue. We need to concentrate on healthy eating and physical activity.
- We need to put money into prevention and not hospitals.

- The population needs to push for prevention and not just get organized when they are closing a service or trying to build a hospital. Prevention and basic services are more important.
- We need to find a way to get people to support cuts to acute care and divert the money to primary health care and prevention.
- We do not need more money for expensive services we need support for the cheap stuff – primary health care and prevention.
- We can prevent disease it is easy. You can learn a lot online right now.
- We need to get schools involved.
- Need to find ways to make good foods more affordable.
- Need to educate people on healthy affordable food.
- Frozen food is an affordable alternative.
- Frozen food can even be healthier for you because it is picked ripe and flash frozen the same day.
- Doctors need to learn more about nutrition.
- Doctors shouldn't do everything maybe we need to connect them with people who can teach nutrition to patients.
- Doctors need to be better connected to other services.
- We need to have more coordinated services. Not everything off on its own.
- We need to look at expanding access to dental services. If you don't have insurance it is very expensive for the average person.
- We need better coverage for people who are low to middle income. There is public insurance for people who are very poor, but it is hard for the middle income person unless they have private insurance.
- We need more research on non-drug therapies.
- Healthy teeth are very important for physical and mental health.
- We all agree that coordination of services is a major issue.
- We need to have better access to existing services. Right now they are there and we just know how to get them or how find them.
- We need doctors to know what other services are out there.
- We need better access to some specialty services. You shouldn't have to go to St. John's for everything.
- It is too hard and too expensive to travel to St. John's for everything.
- Early intervention is critical, especially for children, to prevent long-term issues.